



NOTICE AND RELEASE FOR TEMPORARY VOLUNTARY UTILITY SERVICE SUSPENSION ACKNOWLEDGEMENT FORM

CITY OF SCOTTSDALE
7447 E. INDIAN SCHOOL RD., STE. 110
OR
9379 E. SAN SALVADOR DR., STE. 100
SCOTTSDALE, ARIZONA
(480) 312-2461
FAX#: (480) 312-4803

The City of Scottsdale will temporarily suspend water service and all associated utility services and billing provided by the City to property owners under the following conditions:

1. No services will be used for a minimum consecutive 6-month period.
2. All past due balances owed on your utility account must be paid prior to the requested suspension date.
3. Water service will be turned off based on the requested suspension date. If water and/or solid waste service is used during the consecutive 6-month suspension period, the property owner will be back billed and will be responsible for payment of all fees effective with the requested suspension date, as if service never stopped. The City of Scottsdale monitors water usage, so this request is not a means of avoiding payment for water.
4. This acknowledgement form must be completed, signed and received by mail, fax or in person at either Financial Services Customer Service office listed above at least one business day before the requested suspension date.
5. Property must be maintained to comply with all applicable Scottsdale Revised Code requirements.

Conditions for resumption of service:

1. Request for service resumption must be made one business day prior to the requested service start date.
2. Any outstanding balances owed must be paid before the City will resume services.
3. An administrative account establishment fee of \$7.00 for water, \$4.00 for sewer and \$4.00 for solid waste will be assessed and must be paid with the first bill after service is resumed.
4. Once service has resumed, a new authorization form must be completed for any future requests to suspend service.

PLEASE PROVIDE THIS REQUIRED INFORMATION

Customer Name			City of Scottsdale 15 digit utility account number		
Service Address			Mailing Address during Absence		
City	State	ZIP Code	City	State	ZIP Code
Suspension Date	Est. Return Date	Phone No. during absence ()	E-mail address (if applicable)		

I hereby authorize the City of Scottsdale to suspend my water and all associated utility services based on the conditions set forth above. I understand that if I have a fire sprinkler/suppression system at my property, that this system will not be functional during the period of suspension. I also understand that my homeowners insurance coverage may be adversely affected due to my fire sprinkler system not being operational and that I have contacted my insurance company to determine any impacts.

Signature _____ Date _____

FOR OFFICE USE ONLY

Past Due Amount

Date Received